WAIVER OF LIABILITY (ATTACHMENT D

| On behalf of | |
|--|---|
| (Legal Name of Applica | ant Business Entity) |
| I. | |
| I,(President or Chief Executive Office: Nam | re) (Title) |
| hereby waive liability as to the State of Michigan a | and its instruments and agents, for any |
| damages resulting to the said applicant from any di | isclosure or publication in any manner, other |
| than a willfully unlawful disclosure or publication, | of any material or information acquired |
| during the licensing process or during any inquiries | s, investigations, or hearings. I also accept the |
| risk of adverse publicity, embarrassment, criticism. | , financial loss, and other circumstances that |
| may result from action taken by the Michigan Offic | ce of Racing Commissioner regarding this |
| application. I also waive all claims against the Mic | chigan Office of Racing Commissioner, its |
| members and employees, and the State of Michigan | n for any and all damages that may result from |
| action taken by the Michigan Office of Racing Cor | nmissioner regarding this application. |
| | |
| | |
| Signature | Title |
| | |
| Printed Name of Signatory | Date |
| | |
| STATE OF§ | |
| COUNTY OF | |
| Sworn and subscribed to before me | |
| this, 20, | |
| to certify which witness my hand and official seal | |
| Notary Public, State of: | |
| My Commission Expires: | _ |